2014

City of Jackson, MS Mayoral Campaign Contributions

Rodrick "Rod" Walker

REPORT OF RECEPT ND DISBURSEMENTS City of Jackson pecial Election for Mayor

Name of Committee	MISS 5	Mayor
Address	County	
Telephone	Fax	- 32
Treasurer	Email Address	- FCR
Check here if above is different	from previous report	SCH
April 1, 2014 Pre-Election Report (January	uary 1, 2014 through March 29, 2014)	ACCO O
April 15, 2014 Pre-Runoff Report (Marc	th 30, 2014 through April 12, 2014)	.
January 30, 2015 Annual Report (Janua	ary 1, 2014 through December 31, 2014)	Runoπ Candidates OnlyMandatory
Termination Report (Candidate will no le Campaign expenditures and has no outsta		Required to terminate reporting obligations
	11/100	

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JOHN AND DISBURSEMENTS							
T-4-1	Itemized	+ Non-i	temized =		This Period	•	Calendar Year-To-Date
Total amount of contributions	\$ 0	+\$	0	\$	0	\$	CO C
Total amount of disbursements	0	+\$	0	\$	(2		
Total amount of cash on hand				<u> </u>	0	7	$\mathcal{O}_{\mathcal{O}}$
I cortify that I have				Y			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State: Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk. 3. Candidates for Municipal office should return forms to the Municipal Clerk.

Delbert Hosemann SECRETARY OF STATE

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Name of Candidate or Committee Rodvick "Rod" Walker	Page
Reporting periodthroughthroughthroughthrough	_
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ITEMIZED DISBURSEMENTS

Mailing Address	Date (Mo., Day, Yea	Amount of each
City, State, Zip Code	//	8==
	_/ /	XYCE (2)
Purpose of Disbursement (Optional)	Aggregate	*mm (2
B. Full name	Year-to-date	20 X
Mailing Address	Date (Mo., Day, Year	Amount of each disbursement this period
City, State, Zip Code	//	s O
Purpose of Disbursement (Optional)	//	s
C. Full name	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	//	s ()
Purpose of Disbursement (Optional)	//	\$ ()
D. Full name	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each
City, State, Zip Code	//	disbursement this period
-	//	\$ (1)
urpose of Disbursement (Optional)	Aggregate	\$ (
. Full name	Year-to-date Date	
alling Address	(Mo., Day, Year)	Amount of each disbursement this period
ity, State, Zip Code	//_	s ()
urpose of Disbursement (Optional)	//_	s O
Full name	Aggregate Year-to-date	s
ailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
y, State, Zip Code	//	\$
rpose of Disbursement (Optional)	//	s ()
-Free of Dispulsement (Optional)	Aggregate Year-to-date	s ()

Name of Candidate or Committee Rodrick "Rod" Walker		Page of
Reporting period through March 19, 201		
ITEMIZED RECÉIF	PTS	
A. Source: Corporation PAC Individual Loan	T	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Full name		this period
Mailing Address	<u> = '= '= </u>	\$ 0
City, State, Zip Code		\$ 2
		Bar Bo
Name of Employer (Required)		一名
Occupation (Required)	_ / _ / _ / _ &	341 O
	Aggregate \$	
B. Source: Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	(mei, buy, real)	this period
Mailing Address		\$ 0
Address		6 6
City, State, Zip Code	<u> = ' = ' = </u>	\$ 0
		\$ ()
Name of Employer (Required)		
Occupation (Required)		\$
	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
uli name		this period
Mailing Address		\$
		\$ (2)
ity, State, Zip Code		
ame of Employer (Required)	느/느/닏	\$ 0
ccupation (Required)	\square , \square , \square	\$ 0
ccupation (Required)	Aggregate	\$ (
Source: Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date	Amount of each receipt
ıli name	(Mo., Day, Year)	this period
ailing Address	$\square'\square'\square$	\$ 0
		\$ 3
ty, State, Zip Code		
ame of Employer (Required)	<u> </u>	\$ 0
ecupation (Required)		\$ 0
	Aggregate	\$ 0